

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | | Application Number 10/768170 | | Filing Date 9-14-04 | | |
|-----------------|--|----------|--------|-----------------------|--------|------------------------|---------------------------------|---|------------------------|--|--|
| | | | | | | | Applicant(s) | | | | |
| CLAIMS | | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | |
| | | Indep | Depend | Indep | Depend | Indep | Depend | | | | |
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| 50 | | | | | | | | 100 | | | |
| Total Indep | | 24 | | | | | | Total Depend | | | |
| Total Depend | | 16 | | | | | | Total Depend | | | |
| Total Claims | | 16 | | | | | | Total Claims | | | |